U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7756			2. Fiscal Year Covered From:			
9 N			2011/04/01/2	2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.			4. Name, file number, and add	Name, file number, and address of labor organization.		
Name	RICHARD	OLIVER	Name PLUMBERS & PI	IPEFITTERS LOCAL NO. 72		
			Labor Organization File Nur	mber 001-752		
P.O. Box, Bldg., Room No., if any			P.O. Box, Building and Room Number, if any			
Street 374 MAYNARD TERACE SE			Street 374 MAYNARD T	TERRACE SE		
City	ATLANTA		City ATLANTA	and the second control of the second control		
State	Georgia	ZIP Code + 4 30316	State Georgia	ZIP Code + 4 30316		
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Name	ry value from an empl	d in transactions (including loans) with, oyer whose employees your organiz	7.a. Nature of Interest, Transa	seeking to represent.		
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noneta Name Name Trade I P.O. B Street City State 15. Si submi	e and address of Employer and address of Employer Name, if any: ox, Bldg., Room No., if an gnature and verification itted in this report (includin	zi in transactions (including loans) with, oyer whose employees your organizer (including trade name, if any).	7.a. Nature of Interest, Transa 7.b. Amount. 7.b. Amount. ignature of Perjury and other applicable peranying documents), has been exam	naities of the law, that all of the information nined by the signatory and is, to the best of the		
noneta 3. Name Name Trade I P.O. B Street City State 15. Si submi under	ny value from an employer and address of Employer Name, if any: ox, Bldg., Room No., if any gnature and verification itted in this report (includin signed's knowledge and b	zip Code + 4 ZIP Code + 4 Sin. The undersigned declares, under penalty og the information contained in any accomposition, true, correct, and complete. (See the	7.a. Nature of Interest, Transa 7.b. Amount. 7.b. Amount. ignature of Perjury and other applicable peranying documents), has been exam	naities of the law, that all of the information nined by the signatory and is, to the best of the		
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Name of Person Filing RICHARD OLIVER	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise					
8. Name and address of Business (including trade name, if any).	9. Business deals with:					
Name DENNIS G. JENKINS, CPA	152					
Trade Name, if any:	a. Labor Organization b. Trust c. Employer					
P.O. Box, Bldg., Room No., if any						
Street 1301 SHILOH RD., STE 1250	transai • •					
City KENNESAW .						
State Georgia ZIP Code + 4 30144						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name	PROVIDE AUDITING SERVICES	:				
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street	11.b. Approximate dollar value of such dealing.	\$13,500				
City	12.a. Nature of interest held or income received.					
State ZIP Code + 4	CHRISTMAS HAM					
	12.b. Amount.	\$50				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	The state of the s				
Name	: : :	tennepht popylumanum				
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street						
City		:				
State ZIP Code + 4		:				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					